



A CME/Chicago Board of Trade Company

Application for Membership – Long Form

I hereby apply for membership at CME Group and warrant the truthfulness of my answers to all questions on this application and to any other questions that may be asked by the staff of the Exchange or the Membership Committee. I agree to maintain the accuracy and completeness of the information contained in this application throughout the application process and until I am approved for membership.

This application and all supporting documentation must be typewritten in English and all financial information must be in U.S. dollars.

A non-refundable application fee must accompany this application.

1. **TYPE OF MEMBERSHIP APPLIED FOR:** _____

CME: CME
 IMM
 IOM
 GEM

CBOT: Series B-1 Full with CBOE Exerciser Right Privilege
 Series B-1 Full without CBOE Exerciser Right Privilege
 Series B-2 Associate
 Series B-3 GIM
 Series B-4 IDEM
 Series B-5 COM

Check one: Member
 Delegate/Lessee

2. **PERSONAL INFORMATION**

Male
Female

Full name (Last, First, Middle)

Soc. Sec. No.

Residential address (Street, City, Zip Code) (Post Office Box not acceptable)

Residential telephone number (including U.S. area code or foreign country code)

Business and/or cellular telephone number (including U.S. area code or foreign country code)

Mailing Address (Street, City, Zip Code--Post Office Box not acceptable) to be used on Exchange records--changes must be reported immediately to Member Services

Billing address (If different from the above)

Please list any other names you have been known by, including maiden name

Date of Birth (mo/day/yr)

Place of Birth (city and state)

US
Citizenship

Other:

E-Mail Address

By checking this box, I am requesting that general CME Group mailings including the weekly Special Executive Report be mailed electronically to me.

By checking this box, I am requesting to receive electronic notification of CME Group Marketing Materials.

Education Information:

Name of Institution

From/To

Address (City, State and Zip Code)

Degree Earned

Name of Institution

From/To

Address (City, State and Zip Code)

Degree Earned

5. **MEMBERSHIP HISTORY**

List any commodity futures or securities exchanges of which you have ever been a member:

Exchange Name

Type

From/To

Clearing Member Firm

Reason for leaving

Exchange Name

Type

From/To

Clearing Member Firm

Reason for leaving

Exchange Name

Type

From/To

Clearing Member Firm

Reason for leaving

Exchange Name

Type

From/To

Clearing Member Firm

Reason for leaving

The membership will be acquired by:

New purchase

Previously purchased as a non-member on: _____

Funds for the purchase will come from: _____

Delegation (leasing)

Intra-firm transfer -- transferor's name: _____

Firm Name: _____

Intra-Family Transfer from the following member/transferor: _____

Revocable Family Transfer from the following member/transferor: _____

I intend to use my membership privilege for one or more of the following purpose(s) checked below (choose all that apply):

(a) On an electronic trading system as:

A trader for my own account

A trader for the following proprietary account(s): _____

A broker for the following proprietary account(s): _____

Registration for the following firm: _____

Solicit customer business in the following commodities*: _____

A broker or AP*

Trade a joint account

Other (please describe in detail): _____

(b) On the Exchange trading floor as:

A trader for my own account

A trader for the following proprietary account(s)*: _____

A broker for the following proprietary account(s)*: _____

Registration for the following firm: _____

Solicit customer business in the following commodities*: _____

A broker or AP*

Trade a joint account

A phone clerk for the following employer: _____

Other (please describe in detail): _____

(c) No Exchange floor or electronic trading access:

Registration for the following firm: _____

CBOE Exerciser

* If you will be trading on the Exchange Floor you must register with the NFA as a floor trader or floor broker. If you will be trading for a proprietary account on the Exchange Floor, you must register with the NFA as a floor broker. If you are executing business on behalf of U.S. customers, you must register with the NFA as a floor broker (if trading on the Exchange floor) or Associated Person.

(d) Registrations:

Are you currently registered or is a registration pending with the National Futures Association (NFA)? Yes No

If yes, registration type: _____

If you are or have been registered with a securities exchange, provide your CRD number:

Please list all registrations that you currently hold at any other foreign or domestic government agency, i.e., SEC, SFA, etc.:

(e) Name of Primary Clearing Member Firm and division, if applicable, (if trading privileges are to be exercised at the Exchange):

(f) Will anyone or any entity guarantee your account to your primary clearing firm or share in the profits, expenses or errors of your trading account? Yes No

If yes, please include name(s) and relationship(s):

(g) Do any financial arrangements exist with respect to the use of the membership? Yes No

If yes, please name:

Person _____ Amount \$ _____

Arrangement: _____

Bank _____ Amount \$ _____

Arrangement: _____

Entity _____ Amount \$ _____

Arrangement: _____

(h) If you will be trading your own personal account, funds for your trading activity will come from:

(i) If a gift/loan, please detail amount and relationship (a Loan/Gift Certification form may be required):

(j) If you will be trading a proprietary account, what are the terms (how will you be compensated)?

(k) If you will be doing brokerage, will anyone share in the commissions, expenses, or errors from your brokerage business? Yes No

(If yes, you must submit a Broker Association Registration Form and a BPS Floor Broker Agreement)

(l) Do you presently have an unsatisfied indebtedness to anyone or any entity in the commodity futures or securities industries? Yes No

If yes, please provide details: _____

6. **DISCIPLINARY ACTION**

If you answer "yes" to any of the following questions, a typewritten statement must be attached giving complete details, as to dates, parties, circumstances and disposition. You must also include copies of official court documents, police reports and regulatory notices.

If you do not submit the statement and official documents, the processing of your application will be delayed.

Previous Exchange members must answer these questions appropriately even if the information was provided on a previous membership application.

(a) Have you or any firm or organization with which you have been associated, been refused admission to (including the denial, withdrawal, revocation or termination of an application for membership or registration), expelled, suspended, fined, censured or otherwise disciplined through an adverse determined, voluntary settlement or otherwise in an action, arbitration or proceeding brought by or before any regulatory agency, exchange, or association: Yes No

(b) Are you or any firm with which you are associated, currently under investigation by a regulatory agency, exchange or association as set forth in (a) above for the violation of its rules or otherwise, or have charges been brought against you, or any firm with which you are associated, by such regulatory agency, exchange, or association for such violation or otherwise? Yes No

(c) Have you ever had any significant financial/credit difficulties (including, but not limited to, filing for personal or professional bankruptcy, had involuntary bankruptcy proceedings filed against you, collection accounts, civil judgments and tax liens)? Yes No

(d) Have you **ever** been **arrested** for any **misdemeanor** or **felony**? Yes No

(e) Have you **ever** been **convicted** of any **misdemeanor** or **felony**? Yes No

7. **FINANCIAL INFORMATION: (In U.S. Dollars)**

ASSETS *

Cash and checking accounts	\$ _____
Savings accounts	\$ _____
Money market funds	\$ _____
Investments (i.e., stocks, bonds, mutual funds, 401K, brokerage accounts)	\$ _____
Real estate (fair market value)	\$ _____
Other (describe) _____	\$ _____
Total assets:	\$ _____

LIABILITIES

Mortgage	\$ _____
Credit cards, charge accounts	\$ _____
Student loans	\$ _____
Notes payable	\$ _____
Tax liens	\$ _____
Other (describe) _____	\$ _____
Total liabilities:	\$ _____
Total net worth:	\$ _____

* You may be requested to provide additional detail and supporting documents.

CONDITIONS OF MEMBERSHIP:

It shall be an offense against the Exchange and a violation of Exchange Rule 503.00 to make a misstatement upon a material point to the Board, or to a Standing or Special Committee, or to the Executive Committee, or to the Clearing Services Provider, or on an application for membership.

I understand that a membership obtained by fraudulent representation or concealment, or by any material misstatement, shall be disposed of by the Board of Directors of the Exchange, as provided for in Rule 503.00 of the Association.

I do hereby agree that, if I am approved as a member of the Exchange, I will observe and be bound by the Bylaws, Certificate of Incorporation, Rules and Regulations of the Exchange, and all amendments thereto.

I understand that CME Group may conduct, or cause to be conducted, an investigation into my character, general reputation, and personal characteristics and that CME Group may retain a consumer reporting agency for that purpose. I also understand that, upon my written request, CME Group will disclose to me in writing the nature and scope of the investigation if conducted by a consumer reporting agency. I hereby authorize CME Group to conduct an investigation as to my credit, character, general reputation, educational history and personal characteristics.

I hereby authorize and direct any commodity and/or security exchange of which I am or have been a member, to release to CME Group all information concerning disciplinary action taken against me, or a firm in which I am or was a principal.

I hereby authorize the release of this membership application as well as my membership file for review by the primary clearing member of CME Group that I designated on this application or which I will designate in the future.

I authorize and request any and all of my former employers and any other persons to furnish to CME Group any information they may have concerning my character, ability, business activities and reputation, financial background and credit worthiness, together with, in the case of former employers, a history of any employment by them and the reasons for termination thereof; and I hereby release each such employer and each such other person from any and all liability of whatsoever nature of furnishing such information to CME Group.

The Exchange will not recognize or administer any security agreement with respect to the ownership of this membership. Proceeds of the sale of this membership will be distributed as specified in Exchange Rule 252.00 and CME Rule 110.

Furthermore, by signing this application, I confirm that conducting business through CME Group electronic markets is not prohibited by any regulator (U.S. or otherwise) to which I am required to report.

The undersigned, by filing application for a membership privilege with the Department of Member Services, agrees to take no recourse against CME Group or any of its Directors, Officers, Committee Members, or employees by way of any and all manner of actions, suits, controversies, judgments, executions, claims or demands, in law of equity, if the undersigned is not approved to be a member, except as may be permitted under Section 8c of the Commodity Exchange Act.

I, _____ being first duly sworn, on oath depose and say that I have read and understand the contents of the foregoing statement and that all of the information contained hereinbefore is true, accurate, and complete.

X _____ Date _____
Signature of applicant

Notary Signature

Signature _____

Subscribed and sworn before me this _____ day of _____ 20 _____

Notary stamp or seal